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23580 7590 10/07/2004

MESMER & DELEAULT, PLLC
 41 BROOK STREET
 MANCHESTER, NH 03104

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<u>Robert R Deleault</u>	(Depositor's name)
<u>Robert R Deleault</u>	(Signature)
<u>12/2/04</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/642,718	08/18/2003	Robert E. Weinstein	WEIN0803CON	4385

TITLE OF INVENTION: ANTIHISTAMINE / DECONGESTANT REGIMENS FOR TREATING RHINITIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	01/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUONG, SHIAN TINH NHAN	3728	206-534000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert R Deleault, Esq.
 2 Mesmer & Deleault, PLLC
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

12/07/2004 SDENB082 00000076 10642718

01 FC:2501
02 FC:1504685.00 OP
300.00 OPPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Robert R Deleault

Date

12/2/04

Typed or printed name

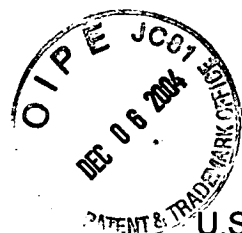
Robert R Deleault

Registration No.

39,165

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. Serial No.: 10/642,718
Filing Date: 08/18/2003
Applicants: Robert E. Weinstein
Title: ANTIHISTAMINE/DECONGESTANT REGIMENS FOR TREATING
RHINITIS
Atty. Dkt. No.: wein0803con
Art Unit: 3728
Examiner: Luong, Shian Tinh Nhan


Mail Stop ISSUE FEE
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filling in the above-referenced patent application please find an ISSUE FEE TRANSMITTAL, a check in the amount of \$985.00 to cover the issue fee and the publication fee, and a return postcard.

Respectfully submitted,

Dated: 12/2/04


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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on:

December 2, 2004

Robert R. Deleault

